CAUSE

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Caroline County Preston Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred vrs mos. ds. How long In U.S. if of foreign birth? vrs mos. ds. James L. Adams 2. FULL NAME Preston, Md., (a) Residence: No. (Usual place of abode)

4. COLOR OR RACE

Colored

PERSONAL AND STATISTICAL PARTICULARS

Single 6. DATE OF BIRTH (month, day, and year) November 18, 1894

Months

12. BIRTHPLACE (city or town) Preston, Maryland

Harrison Adams

Mary

Pleasant

Harrison Adams

W. H. Hollis

Preston.

5. SINGLE, MARRIED, WIDOWED.

11. Total time (yeers)

spent in this

occupation

Days

Laboror

Adaline Howard

& Son

Maryland

Preston, Maryland

OR DIVORCED (write the word) Single

If LESS than

1 deyhrs.

or min.

If nonresident give city or town and State

Registration Dist. No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

22.

CERTIFY, That I attended deceased from

Date of onset

to have occurred on the date stated above, at,

What test confirmed diagnosis?_____ Wes there en autopsy?____ 23. If deeth was due to external causes (VIOLENCE) fill in also the following:

Where did injury occur?____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Nature of injury.

way selated to occupation of deceased? If so, specify _

(Signed)_ (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

instructions FATHER important. MOT

3. SEX

7. AGE

OCCUPATION

HER

Male

5a. If married, widowed, or divorced HUSBAND of

Years

8. Trade, profession, or particular

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.....

10. Date deceased last worked at

14. BIRTHPLACE (city or town) (State or country)

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

20. FILED Marker 2 5. 19.32

16. BIRTHPLACE (city or town)

(State or country)

13. NAME

17. INFORMANT

19. UNDERTAKER

(Address)

(Address)

this occupation (month and

kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

37

(or) WIFE of

RESERVED ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I) in the second	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			ļ.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

*	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 05166
1. PLACE OF DEATH	<u> </u>
county Caroline	Registration Dist, No. 6
Village or City. Concord	
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsm	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME to aby Sirl W	en.
(a) Residence: No. The desirals fruma R. J.	75 St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
Tierrale. Write Suigle, MARKIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 3rd (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Jhat I attended deceased from
(or) WIFE of	3 1932 to 3 3 1932
6. DATE OF BIRTH (month, day, and year) Way, 3" 1932	I last saw h alive on
7. AGE Years Months Pays If LESS than	to have occurred on the date stated ebove, etm.
Still-born, F Iday, hrs	the confederal choose of practitional related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Date of onset
SAWYER, BDOKKEEPER, etc.	10/10/130W
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	J. W.
Q Q. Date deceesed last worked et 11. Total time (years)	
this occupation (month end spant in this occupation	
to DIDTING to Cale to the same	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) Waryloud	
# 13. NAME Samuel Allen.	
13. NAME Samuel Allen.	Name of operation Date of
(State or country) Delaware,	What test confirmed diagnosis? Was there en au opsy?
15. MAIDEN NAME Sda Surialit.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Saa Wright 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
El (State or country) Maryland.	Where did injury occur?
17. INFORMANT Scarries allen.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Fredericksrung, Ind. R.J. D	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Smuthbou . VIII Date VIIO4 3" , 1932	Nature of injury
19. UNDERTAKER Mitraulton & Sou.	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Lederalsburg, Jud.	If so, specify
20 FILED May 3rd, 1932 Stramptons.	(Signed) M. D.
Registrar.	(Ardress) Felleward
15 more blanks are needed, address State Registra	r, 2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis N 1939	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE	OF	MARYI	AND-CERTIFICATE	OF	DEATH
JIAIL.		WANL	AND CENTILICATE		DLA II

1	. PLACE OI	F DEATH				
		arolina			Registration Dist. No	64
Village or City Near Chestnut Woods			tnut Woo	ods	NoSt.,	Ward
				(If	death occurred in a horpital or institution, give its NAME instead of street ds. How long in U.S. if of foreign birth?yrs	and number)
2	FULL NA	ME John E.	Bartell		If U. S. Veteran, specify WAR	
	(a) Residen	ce: No. Federal	(Usual place	Md. R. D. I	St., Ward. If nonresident give city or town	and State
No.	PERSON	IAL AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. 5	Male	4. COLOR OR RACE White	5. SINGLE, MARI OR DIVORCED Mar	RIED, WIDOWED, (write the word)	21. DATE OF DEATH May (Month) (Day)	, 193_2(Year)
5e.	If married, widow HUSBAND of (or) WIFE of	ed, or divorced Emma B.	Bartel	ı	22. I HEREBY CERTIFY, That I etter	ided deceased from
-	IGE Yea	4 6	October Days 21	20, 185 If LESS than 1 dey, hrs. or min.		Date of onset
NOCCUPATION 12.	9. Industry or work wes SAW MIL			me (years) thin this pation	Bronsbial Frammonia Quration i three.	eeko.
EK.	13. NAME	Unknow	n			
FATHER		(city or town)	Germa	ny	Name of operation Dete What test confirmed diegnosis? Was there	71.1
MOTHER		(city or town)	Germa		23. If death wes due to external causes (VIOLENCE) fill in also the folionation of the fo	, 19 State)
17.	BURIAL, CREMAT	Federalsburg TION, OR REMOVAL Leralsburg,	Md.	R.F.D.	Manner of Injury	
19.	UNDERTAKER	J. T. Framp Federalsbur	tom & S		24. Wes diseese or injury in any way related to occupation of deceased if so, specify	n Zw
20.		12, 19325.5	Fran	Registrar.	(Signed) (Address) (Addres	M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car . 1921 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year 130

1. PLACE OF DEATH County Careline. Registration Dist. No. Federalsburg. Village or City No. St., Ward

(If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs mos. ds. How long in U.S. if of foreign birth? yrs mos. ds. PHYSICIAN George E. Bullock. 2. FULL NAME Federalsburg, Md. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4 COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) Wale. White. 5a. If married, widowed, or divorced HUSBAND of REBY CERTIFY, That Lattended deceased from Letha E. Bullock. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Sept. 3rd. 1875 certificate. to have occurred on the data stated above, at 8 7. AGE Months If LESS than Days I day, hrs. 56 The PRINCIPAL CAUSE OF DEATH and related causes of importance 8 IO or min. Oate of enset 8. Trade, profession, or particular kind of work dona, as SPINNER. Railread Section SAWYER, BOOKKEEPER, etc. OCCUPATION 9. Industry or business in which work was done, as SILK MILL, may pluods Bess. SAW MILL, BANK, etc 10. Data deceased last worked at May. I3 this occupation (month and 1932 11. Total tima (years) 32 spent in this occupation _____ Other Contributory Causes of importance: 12. BfRTHPLACE (city or town) Delaware. (State or country) FATHER Richard Bullock. 13. NAME 14. BIRTHPLACE (city or town) Name of operation (State or country) No data. carefully What test confirmed diagnosis?_____ Was there an au opsy?____ MOTHER Delly Spicer. important. 15. MAIDEN NAME 23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Data of injury______ 19_____ 16. BIRTHPLACE (city or town) Delaware. (Stata or country) Where did injury occur?_____ should be (Specify city or town, county and State) Mrs. Geerge E. Bulleck. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Federalsburg. Md. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Place Harrington, Del. Date May, 16"1932 mation LION J.T. Framptom & Son. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER Federalsburg. Md (Address) If so, specify _____ 20 FILED Way 14", 1932 Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private.family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	İ	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	I week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU Y 3				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 05168
1. PLACE OF DEATH	95-8
County Caroline	Registration Dist. No. lo
Village or City Mear S'ederals hing,	NoSt., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Francis Consis	
(a) Residence: No. D'eder als Prusa And R. T.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH MAY (1982) (Year)
5a. If married, widowed, or divorced HUSBAND of Saace H. Carrior.	22. HEREBY CERTIFY, That I attended deceased from an 1932 in Man 7
6. DATE OF BIRTH (month, day, and year) June. 3rd 1898	I last saw he & aliva on Deag on My Geath is sai
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 7-P-m.
33 11 H 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, House work SAWYER, BOOKKEEPER, etc.	pay dw - Vas Cular
9. Industry or business in which	Marlen (100)
work was done, as SILK MILL, SAW MILL, BANK, etc	
O To Date decassed last worked at this occupation (month and year) year) occupation	
12. BIRTHPLACE (city or town) Sanbura.	Other Coutributory Causes of importance: The vom fase
(State or country)	
II 13. NAME Augusta Pine	
13. NAME Augusta Pine 14. BIRTHPLACE (city or town)	Name of operation flows Date of Date of
(State of country)	What test confirmed diagnosis? Was there an au opsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Sacre H, Corrion, (Address) Lie de male Prince And P. J. M.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place d'eder ous rurg und Data May 9th, 1982	Nature of injury
19. UNDERTAKER Hitranufton & Sou. (Address) Lederals Price Ind.	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO May 9th, 1932 Franklow. Registrar.	(Signed) 1 Stranger M. ((Ardress) Fictionality Mista
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I	<u> </u>	Example II		
The principal cause o of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	II Alth a man	1915	Attack of epilcpsy	1 wcek ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	RURRAD V S	July 5,1927	Peritonitis .	3 days ago	
Other contributory ca	suses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

65169

1. PLACE OF DEATH	23
County Caroline	Registration Dist. No. 6 H
Village or City Rederalabut 9	NoSt.,Ward
(If Length of residence in city or town where death occurredyrspros.	death occurred in a hospital or institution, give its NAME instead of street and number) dsHow long in U.S. if of foreign birth?yrsmosds.
ma. 1001.	The state of the s
2. FULL NAME / WYMAW /. JOHN	signor
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write (he word))	21. DATE OF DEATH (Mo (th) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Magacia & Arusikhar	22. HEREBY CERTIFY, That I attended deceased from
11 0 + 11190	May 24, 1932, to May 74, 1932
6. DATE OF BIRTH (month, day, and year) August, 26 108	filast saw h wo elive on May 24 , 1932; death is seid
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, ofm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
4-1 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and the superior this convention) of the superior this occupation (month and the superior this occupation) of the superior this occupation (month and the superior this occupation) of the superior this occupation (month and the superior this occupation) of the superior this occupation (month and the superior this occupation) of the superior this occupation (month and the superior this occupation) of the superior than the superior that the superi	Polynomia
I Industry or business in which	(Muman Lote colons Han/93)
work was done, as SILK MILL, SAW MILL, BANK, etc.	
aponeria cina	
year)ocrupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
" 13. NAME RANGEREN CHOUSE Shor	
13. NAME CAPITATION OF THE 14. BIRTHPLACE (city of DOWN)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME COLOR HULLES 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT The first grant but you	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Federal Date May 29, 193	Nature of injury
19. UNDERTAKER To Bulloughly	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED May 28, 1931 Office asulatory	(Signed) WC Cuyobo M, D.
Registrar	(Address) trallialston MM

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
La Carte de la Car			
Other contributory causes of importance:	11/11/5	Other contributory causes of importance:	Post in the
Gallstones	May 1,1923	Gastroenteritis	1 year
		40	

B. ż

	CERTIFICATE OF DEATH (5170
1. PLACE OF DEATH	——————————————————————————————————————
County Caroline	Registration Dist. No. 4
Village or City Greens bord	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Surge & Deau	g
	A. W. I.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH 5 (Day) 1932
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Curre Deale	22. HEREBY CERTIFY, Thet-I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sie 26 (874	Vlast saw below alive on 5 0 197 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
У-7 H 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows
8 Trade profession or particular	Curculoma If we have and more
Andustry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Courses of importance:
(State or country) Mary Lund	- CA Massanon
I 13. NAME Turnel Deare,	
13. NAME Juruel Deau, 14. BIRTHPLACE (city or town) (State or country) A Mary Land	Name of operation
	What test confirmed diagnosis? — Was there an autopsyl
15. MAIDEN NAME Sarol, & Johnson 1 16. BIRTHPLACE (city or town) (State or country) Mary Land	Accident, suicide, or homicide?
17. INFORMANT Mrs Juna Deau (Address) Treus buro md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lucus boro Date May 13, 1932	Manner of Injury
19. UNDERTAKER N + B. Rawlings.	24. Was disease or Injury In any way related to occupation of deceased? 22
20, FILED May 13, 192 L. Mar Prince	(Signed) M. D.
Registrar.	(Address) TOLOGIA (MA)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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47-70	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
,	Other contributory causes of importance:	•
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

CTATE	OF	MADVI	AND	CEDTIEIC	ATE	OF	DEA	TH
SIAIL	OF	MARIL	ANU-	CERTIFIC	AIL	UF	UEP	

05171

1. PLACE OF DEATH		7.0	
County Coaralus	* /	Registration Dist. No. 66	
Village or City/lease Re	dalles	No. St., If death occurred in a hospital or institution, give its NAME instead of street and nu	W
Length of residence in city Atown where deal			
2. FULL NAME Anala	alaina d	Vacor	
J	owowas	OI W	
(a) Residence: No.	(Usual place of abode)	St./ Ward. If nonresident give city or town and S	Diate
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
S. SEX A. COLOR OR RACE 5.	SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Skal 31	193
a. If married, widowed, or divorced		(Month) (Oay)	(Year
(or) WIFE of M. H. Dra	god	1 HEREBY CERTIFY That I ettended de	eceased
7,	179 1000	May 26 32, 10 May 30	, 19
DATE OF BIRTH (month, day, and yeer)	00/37/854	- L 12 = (death is
. AGE Yeers Months	Oays If LESS than 1 day,	to have occurred on the date stated above at	
10 1	ormin.	were es follows:	Oate of c
8. Trade, profession, or particular kind of work done, as SPINNER,	Les cariolo		
9. Industry or business in which	- Committee of the comm	Cheome meloca II. Is	1-1-9
work wes done, as SILK MILL, SAW MILL, BANK, etc.	V	Julia Julia	1.02
70. Oate deceased last worked et this occupation (month and yeer)	11. Total time (years) spent in this occupation		
2. BIRTHPLACE (city or town)	nutril	Other Cautributory Causes of Importance:	
(State or country)	als.	Vobeler Teneumania	5/5
13. NAME ENERGE	V Mauris	- Committee and the committee	17
14. BIRTHPLACE (city or town)	2	Name of operation	
(State or country)	ruado	What test confirmed diagnosis? Olimens Was there an au	
15. MAIOEN NAME Alessee		23. If death wes due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	7	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	anada	Where did injury occur?	
7. INFORMANT Morris /	Iragos-	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLAC	DE.
8. BURIAL, CREMATION, OR REMOVAL	2003-03	Manner of injury	
Place College Kelly	Date year 4 , 19	Nature of injury	7.
9. UNDERTAKER J. J. Mitgel	Mesor	24. Was disease or injury in way related to occupation of deceased?	no
(Address)	Deulan	If so, specify	/
10. FILEO Jena 1, 1932	De avrs.	(Signed) William Addition (Addition)	9
()	Registrar. ks are needed, address State Registrar,	(Address) Gelles VIII //	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	li li	Example	II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and of importance were as follows:	l related causes	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	BUREER	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	e ant	3 days ago
-,				1
Other contributory causes of importance:		Other contributory causes of imp	ortance:	
Gallstones	May 1,1923	Gastroenteritis	•	1 year

V. S. No. 1 m.

should state

of OCCUPA-

1. PLACE OF DE	ATH	'F MAK	TLAND—	ECERTIFICATE OF DEATH	11:0
County Card	oline,			Registration Dist. No. la	
Village or City				No. St., St., death occurred, in a hospital or institution, give its NAME instead of street end to	number)
Length of residence in				sds How long in U.S. if of foreign birth?yrsm	osds.
2. FULL NAME		Pluhart			
(a) Residence: No.	Federal	Usualplace		St., Ward. If nonresident give city or town end	State
PERSONAL A	ND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Temale.	or or RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Nay, Toth. (Month) (Day)	, 1932 (Year)
5a. If married, widowed, or di HUSBAND of (or) WIFE of Hal	ry F. F	luharty	•	22. HEREBY CERTIFY That / tyended	deceased from
6. DATE OF BIRTH (month,	ay, and year) Se	ept. I2	th.1880	i last saw h. was alive on Maly 19 1, 193	death is said
7. AGE Years 5I	Months 8	Days 7	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	Date of onset
9. Industry or business work was done, a SAW MILL, BANK	in which sSILK MILL, etc.		~ ~ • • • • • • • • • • • • • • • • • •	Carelnoma ulenes	713 2
this occupation (nyear)	conth and Mar.	1932 spe occi		Other Coutributory Causes of importance:	
(State or country)			Md.		
13. NAME		n Tower			
13. NAME 14. BIRTHPLACE (city or (State or country)	town)	roline	na.	Name of operation Date of What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME	Wollie !	D. Todd	,	23. if death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME 16. BIRTHPLACE (city or (State or country)	(OWII)	oline C	vd.	Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and Stet	
(Address)	Federal		Y	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ÄČE.
18. BURIAL, CREMATION, OR Place Federa	lsburg,	ud May	,2I" ₁₉ 32	Manner of Injury	
(Address) F	"rampto	urg, ud		24. Was disease or injury in any way related to occupation of deceased?	nu
20. FILED May 20"	, 19.32 0	1 tra	Registrar.	(Signed) (Address) (Address)	- a M. D.

If more blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

12100

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis .	• 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE PERSON NAMED IN CONTRACTOR OF STREET, STRE		3601 P NIII	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH classified Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE 4 COLOR OR RACE MARRIED WIDOWED OR DIVORCED (Write the word) (Day) (Year).... 6 DATE OF BIRTH HEREBY CERTIFY, That I attended the deceased from (Month) (Day) Ilf LESS than 7 AGE and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in UNFADING which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) 11 BIRTHPLACE ENTS OF FATHER State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. (State or country) (2) Whether 12 MAIDEN NAME œ OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of deathyrsds. (State or Country) Where was disease contracted, if not at place of death?.. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE usual residence. (Informant) 19 PLACE OF BURIAL OR REMOVA DATE OF BURIA (Address O-UNDERTAKER ADDRESS If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

PO

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer—Coal mine, etc. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) man, (b) Automobile factory. The without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer, material Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

delinus) may be stated under the head of "contributory." approved by Committee on Nomenclature (Recommendations on statement of cause of death stated unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Whooping cough; Chronic Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid or intercurrent) Example: Measles (disease affection need not be etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

nfor- state JPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH 00174
	1. PLACE OF DEATH	(32)
	County Caralins	Registration Dist. No. 6/
	Village or City sceles hero'	No. St Ward
1 1 0		f death occurred in a hospital or institution, give its NAME instead of street and number) sds_ How long In U. S. if of foreign birth?yrsmosds.
AN		yis
ND. Every YSICIANS statement	(a) Residence No Live fore MA	
CORD. Every PHYSICIANS oct statement	(a) Residence: No. Allers tree Mo. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PHH act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write hips/word)	21. DATE OF DEATH X7 11/. 5
LY	Temail & Work	(Month) (Day) 193 (Year)
NEN NEN CT I	5a. If marriad, widowed, or divorcad HUSBAND of	22. I HEREBY SERTIFY, That I attended deceased from
MA A A ass	(or) WIFE of Lerye & Lowed.	Tel 20 202 5-14 32
BINDIN PERMANE EXACT Iy classifie	6. DATE OF BIRTH (month, day, and year)	Hast saw h. 12 Valive on 10 113 2 death is said
	7. AGE Years Months Days If LESS than	to havo occurred on the date stated abova, at 7 7 0000
FOR IS A I stated proper ertifica	6659 yrs, 1 day, hrs.	The PRINCIPAL COUSE OF DEATH and related causes of importance were as follows
- 70	8. Trada, profession, or particular kind of work done, as SPINNER, Houseword SAWYER, BOOKKEPPER, etc.	Minstered Mynselsof
TED rHIS d be y be k of	kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked et this occupation (month and	26
ERVI VIK_T should it may n back	work was dona, as SILK MILL, SAW MILL, BANK, etc.	2
(1) 74	10. Data deceasad last worked et this occupation (month and spent in this	3
RES INGE I that	year) occupation	Other Contributor Causes of Importance:
ADING A. AG d. AG s, so th	12. BtRTHPLACE (city or town)	Mrillia , A
MARGIN REHUNFADING supplied. AGI	(State or country) Maryland	COL 3
MARGI UNFA supplied n terms, ee instru	13. NAME Thu Heds one	J. J.
H su su su See	14. BIRTHPLACE (city or town) (State or country)	Name of operation
ully pla		What test confirmed diagnosis? Was there en autopsy? 23. If death was due to external causes (VIOLENCE) fill in elso tha following:
PLAINLY, Widthould be carefully OF DEATH in plain very important.	15. MAIDEN NAME Mary & Saules, 16. BIRTHPLACE (city or town)	Accidant, sulside, or homicide? Data of injury, 19
AINLY, id be car	S (Stata or country)	Where did injury occur?
PLAINLY ould be coord DEATI	17. INFORMANT Legge & a. Loved'	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
E PLA should OF DI	(Address) Speno boro . Mid,	
E S S E	18. BURIAL, CREMATION, OR REMOVAL Place Mid Janu Dato May 17, 19 3	Manner of injury
WRITE mation sl	Trace 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Nature of injury
ma mark	19. UNDERTAKER UT - 10 - 1 awfulp	24. Was disease or injury in any way related to occupation of deceased?
B. B.	(Address) Siella Voro.	If so, specify
× × ×	20. FILED May 17, 19 2 / Mae Tepper	(Signed M. D. (Address) (Address)
(T)	If more blanks are needed, address State Registrar,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting V. S. No. 1.

65175

(159)	
Registration Dist. No. 6/	
NoSt,Ward eath occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.	
ks Word	
St., Ward. If nonresident give city or town and State	
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH	
(Month) (Day) (Year)	
1 HEREBY CERTIFY, That I attended deceased from	
I last say Ler alive on May 9, 1932; death is said	
to have occurred on the date stated above, afm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
were as follows: Date of onset	
Shewetur Fetus:	
Other Contributory Causes of importance:	
Name of according	
Name of operation Date of What test confirmed diagnosis? Leuce A Was there an autopsy?	
23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
Where did injury occur?	
(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
Specify whether injury occurred in INDUSTRY, in HOME, of in PUBLIC PLACE.	
Manner of Injury	
Nature of injury	
24. Was disease er injury in an way related to occupation of deceased?	
If so, specify DA	
(Signed) harle I Thomesing (M. D	

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset .
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastraenteritis	1 year

	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	r R	Y.
5	EN	TL
I	AN	AC
ARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R	maction should be carefully supplied. AGE should be stated EXACTLY.
T	A	ted
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7	HIS	be
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1	F	Tha

PHYSICIANS should state

Exact statement of OCCUPA-

be properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

20. FILED May 29"

STATE ()F	MARYLAND—CERTIFICATE OF DEATH	051	
SIAIL	JF	MARILAND—CERTIFICATE OF DEATH	001	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(B)
county Caroline	Registration Dist. No.
Village or City rear 3'ederals burg,	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Gosehle Gaggi,	
(a) Residence: No. 2 Der als brus ROA. T	\$ St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTLEY, That I attended deceased from
(or) WIFE of unlessow	(Mpr 12 182, 10 May 27, 1932
6. DATE OF BIRTH (month, day, and year) Dec. 244 1835	I last saw handlive on May 7, 19 3 2 death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3-25 ft.m.
76 5 5 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	(Ilriboral ATrismorphaghe
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. 11. Total time (years) this occupation (month and to this occupation than the second in this spent in this	
work was done, as SILK MILL, SAW MILL, BANK, etc	
year)oc:upation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town)	Marsha Holf forden
(State or country) David ger Louid,	<i>f</i>
13. NAME 14. BIRTHPLACE (city or town) (State or country)	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME	What test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT MA'S Gosephine Brugart. (Address) Le de reals brug a mod.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place D'eder als Trurq Mid Date May 30", 1952	Nature of injury
19. UNDERTAKER grita auchtom & Sou,	24. Was disease or injury in any way related to occupation of deceased?

Registrar.

If more blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M. D.

V. S. No. 1

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis R15	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

MOTHER FATHER

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Caroline	Registration Dist. No.
Village or City Kenderson'	NoSt,Ward
(If Length of cesidence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME alexander Jarma	2 4 4
(a) Residence: No. Henderson'	St., Ward.
(d) nesidence, No. (Usual piece of abode)	If conresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. II married, widowod, or divorced HUSBAND of (or) WIFE of Mary, Jarmen ~	22. 3 HEREBY CERTIFY That attended deceased from
6. DATE OF BIRTH (month, day, and year) 117 25. 18 5 6 7. AGE Years Months Days If LESS than 1 day hrs.	i jack saw half Lettve on 930, 32; death is said to have occurred on the date stated above, at 47 m.
8 Toda profession or particular	The PRINCIPAL CAUSE OF DEATH and related causes of importance wero as follows: Date of one of the contract of
Kind of work dome, as SPINNER, SAWYER, BDOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10 Date deceased last worked at this occupation (month and	Contine meneral
work was done, as SILK MILL, Que Lorse ,	Mohretos
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
	- Vum
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Vietur	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIBTHPLACE (city er town)	Accident, sulside, or homicide?Date of Injury, 19
E (State or country) Vuller	Where did Injury occur? (Specify city or towo, county and State)
17. INFORMANT May any a farman (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place I'll Maloria Date Nucl 2, 1932	Manner of injury
19. UNDERTAKER & By Carolingo. (Address) Trems bus md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 6/1 1932 a. Clark Smith Registrar.	(Signed) (Address) M.D. (Address) M.D.
The many blacks are maded at the Court Day	N 01 1 C 2 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms'as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
da			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ORD. Every item of infor-ACCUPAmation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANG CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement UNFADING INK-THIS IS A PERMANENT I JARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WIT

STATE OF MA	ARYLAND—	CERTIFICATE OF DEATH	05175
1. PLACE OF DEATH		92.0	,
County Teato livel,	•	Registration Dist. No. 4/	
Village or City Trees or	245	NoSt.,	Ward
Length of residence in city or town where death occurr		death occurred in a hospital or institution, give its NAME instead of street a	
2. FULL NAME Comil	B me	eford	
(a) Residence: No. Zeenest	000 34	St., Ward.	
	I place of abode)	If nonresident give city or town	
PERSONAL AND STATISTICAL PA		MEDICAL CERTIFICATE OF DEATH	4
Female while OR DI	ORCED (write the word)	21. DATE OF DEATH May 1316	7, 193 Z (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Security M.	elfort	22. I HEREBY GERTIFY, That I attend	led deceased from
6. DATE OF BIRTH (month, day, and year)	4 1866	I last saw her alive on May 23 1 13	death is said
7. AGE Years Months Oa		to have occurred on the date stated above, atm.	
65 6 19	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1
8 Trade profession or particular 9/		Mitral Sleusses	Oate of onset
9. Industry or business in which			4,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as STLK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and			7
10. Date deceased last worked at this occupation (month and year)	Total time (years) spent in this occupation		3
	occupation	Other Contributory Causes of importance:	9
12. BIRTHPLACE (city or town) - Seewsk (State or country)	000	4.40	3
1 1 1 1 1 1 1 1 1	queg.	D. Car	7
13. NAME 14. BIRTHPLACE (city or town) Steers	Swan.	orghusalion'	
14. BIRTHPLACE (city or town). Steere	16000	Name of operation Oate o	f
(State of country)	Tres.	What test confirmed diagnosis? Was there	an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	arris	23. If death was due to external causes (VIOL ENCE) fill in also the follow	wing:
[16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	, 19
(State or country)	elawore	Where did injury occur? (Specify city or town, county and	Ch. a. \
17. INFORMANT The Wied (Address)	Jorde	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	m of	Manner of injury	
Place Deles 1010 Dates	1 ay 27,1900	Nature of injury	
19. UNDERTAKER	door	24. Was disease or injury in any way related to occupation of deceased?	
m 3/ A/3(/1/2)	1 1	(Signed)	M D
20. FILED 1 asf 1-4., 10 7 1-1	Registrar.	(Address) Joldston	ml
If more blanks are n	eeded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

V. S. No. 1

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

TION is very important. See instructions on back of certificate.

ARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

65179

1	. PLACE OF DEATH	01 1,,,,,,,,		62-0	
	County Careline,			Registration Dist. No. 6	
	vinage bi ony	lsburg,		NDSt.,St.,St.	
			yrsmos	ds. How long in U.S. if of foreign birth?yrsm	osds.
2	(a) Residence: No. Feder		Md.	St., Ward. If nonresident give city or town and	e
-	PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	Diate
	SEX 4. COLOR OR RACE White.	5. SINGLE, MAI OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH May, I3th. (Month) (Oay)	, 198 ² (Yeer)
5a.	If married, widowed, or divorced HUSBAND of Mary Edith (or) WIFE of	Newbray,		22. I HEREBY CERTIFY, That lattended 2 193 2 to 5/13	deceased from
6.	DATE OF BfRTH (month, day, end year)	Sept. 8t	h. 1857	I last saw has alive on 1932	+deeth is seid
7.	AGE Years Months	Days	If LESS than	to have occurred on the date stated above, et $9-45 \mathrm{A}_{\mathrm{m}}$	
	74 8	5	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Retired		Opplishen	3/2/32
OCCI	10. Date deceased last worked et this occupation (month and year)	T7 11. Total	iaenear.	5.	
12	BIRTHPLACE (city or town) Fec	ieralsbur	e, Nd.	Other Contributory Causes of Importance:	0/6/3
ER	13. NAME Alfrad	Mewbray,			
FATHER	14. BIRTHPLACE (city or town)(State or country)	Md.		Name of operation Dete of Whet test confirmed diagnosis? Was there en a	
ER	15. MAIDEN NAME Marzar	et Ann E	Brown,	23. If death was due to external causes (VIOLENCE) fill in elso the following	
MOTHER	16. BIRTHPLACE (city or town)(State or country)	¥d.)	Accident, suicide, or homicide? Oate of injury	, 19
17	INFORMANT Mrs. Willi (Address) Federal	am A. Me		(Specify city or town, county and Stat Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18	BURIAL, CREMATION, OR REMOVAL Place Federalsburg	, NG May	,15th ₁₉ 32	Menner of injury	
	UNDERTAKER J.T.Frampt (Addiess) Federals		Md.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)	4
20	FILEOMON, 1H, 1932	fran	Marietrar.	(Address) Feels by	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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The principal and filed	The same of the sa	Example II	
of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 4 1932	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

should state

STATE	OF	MARYL	AND-	-CERTI	FICAT	E OF	DEATH
					-		

1.	In land	1	0	()
U	0	Ĭ.	0	U

1. PLACE OF DEATH		——————————————————————————————————————		1 -
County Caroline	2		Registration Dist.	No. 63-
Village or City Deut	aw "	NoNoNospital or institution	on give its NAME inst	St., Ward
Length of residence in city or town where death	//	ds. How long in U.S. if of		
2. FULL NAME Luciu	dolles	e		
(a) Residence: No. Devi	(Usual place of abode)	St., Ward.	If nonresident give o	city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CE	RTIFICATE OF	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, ,	1 ,193 2
5a. If merried, widowed, or divorced	0	-	(Month)	(Day) (Yeer)
HUSBAND of Cor) WIFE of Ephrais	n Seese		CERTIFY, 1	het I attended deceased from
6. DATE OF BIRTH (month, day, and yeer)	les 8 1851	I last saw h alive on	zug 21	, 1972; deeth is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to heve occurred on the date steted		
80 9	ormin.	The PRINCIPAL CAUSE OF DEATH were as follows:	and related ceuses of i	mportence Date of enset
8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	ful	N. hen	en diti	3./
9. Industry or business in which work wes done, es SILK MILL.		Zomme 1-ya	- communication	Puh 10-117
SAW MILL, BANK, etc	11. Total time (yeers)			
this occupation (month and year)	spent in this occupetion			
12. BIRTHPLACE (city or town) Lolins	lower	Other Contributory Causes of import	ence:	
(State or country)	Penne.			
13. NAME John 14. BIRTHPLACE (city of lown)	Tertz.	***************************************		
14. BIRTHPLACE (city of Town)		Neme of operation		Oate of
(Stete or country)	Jenn.	What test confirmed diegnosis?		. Was there an eutopsy?
15. MAIOEN NAME DESSEL 1 16. BIRTHPLACE (city or town)	Burgery.	23. If deeth wes due to external cause	es (VIOL ENCE) fill in a	iso the following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?	Oate o	f injury, 19
(State or country)	Jen.	Where did injury occur?	(Specify city or town,	county and State)
17. INFORMANT (Address)	Luctoni	Specify whether Injury occurred in I	NOUSTRY, in HOME, o	r in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	5 - 14 4	Menner of injury		
Plece Ventan 0	ete/leary 23, 13 31	Nature of injury		
19. UNOERTAKER (), & Zuc	ador	24. Wes diseese or injury In any way		
(Address)		If so, specify	PIT	The second
20. FILED 5-73 , 1932 / WW	Yange	(Signed)	au mor	M. O.
	Registrar.	(Address)	Nustan /	na.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago 1921 Run over by street car Chronic interstitial nephritis 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1.1923 Gastroenteritis Gallstones 1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 2

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	MARTERIO	- RHP	
County Caroline		Registration Dist. No. 62	
Village or City Decelar		ND. St.	Ward
	(II	death occurred in a hospital or institution, give its NAME instead of street and numb	per)
Length of residence in city or town whera death	occurred yrs mos	ds. How long in U.S.If of foreign birth?yrsmos	ds.
2. FULL NAME Markha	Hours low	Ere/	
(a) Residence: No. Descel	aw deed.	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and State	c .
PERSONAL AND STATISTICA 3. SEX		MEDICAL CERTIFICATE OF DEATH	
Freed Welle-	OR DIVORCED (write the word)	21. DATE OF DEATH	2-
	wedow	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	OP	22. / I HEREBY CERTIEY, That I attended dece	ased from
(d) wire of Capel of leas	uas Jawers	Lee. 1929, 10 May 20	1932
6. DATE OF BIRTH (month, day, and year)	ly 17 5 1861	I last saw her alive on May 26 , 1932; de	ath is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, a	
70 16	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trada, profession, or particular kind of work dona, as SPINNER,	/ /	Dr.	ite of onset
SAWYER, BOOKKEEPER, etc.	2019	Characis of from	1929
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc			
SAW MILL, BANK, etc	11. Total tima (years)		
this occupation (month and year)	spent in this occupation		
Willin	Pare	Other Contributory Causes of importanca:	
12. BIRTHPLACE (city or town)	re laced.		
II 13. NAME ONLY	Dulland.		
H C	Y COLOR	Name of operation Date of	
4 14. BIRTHPLACE (city or town)	andi	Name of operation Date of What test confirmed diagnosis? Was there an autop	ev?
15. MAIDEN NAME CELLINA SETTI	. X leur es	23, If daath was due to axtarnal causas (VIOLENCE) fill In also the following:	37:
Ξ	2	Accident, suicide, or homicide? Date of injury	19
16. BIRTHPLACE (city or town) (State or country)	rquea	Where did injury occur?	,
Zura Cheunger	Homis	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
17. INFORMANT ALLO COMMUNICAL (Address)	Sullew zeel	7	
18. BURIAL, CREMATION, OR REMOVAL	2	Manner of injury	
Place Muckow D	May 24, 195	Natura of injury	
19. UNDERTAKER Q. Z.	aloon	24. Was disease or Injury in any way related to occupation of deceased?	
(Address)	• ,	If so, specify	
20. FILED Gray 23, 1932 Mar 4.	64	(Signal) Nauson O Jeonge	M. D.
20. FILED. 39464 12-7-, 197	Registrar.	(Address) Dules	
If more blank	s are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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